

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020523

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 269

FILED MAY 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin | | c. CITY OR TOWN Joplin | |
| Length of stay in lb 10 yrs. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) St. John's Hospital | | d. STREET ADDRESS (If outside, give location) Route #3, Box 426 | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Calvin C. Pruitt | | 4. DATE OF DEATH Month Day Year May 20 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-2-1881 |
| 9. AGE (last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner | |
| 11. BIRTHPLACE (City and state or country) Cabool, Missouri | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME Christopher Columbus Pruitt | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT James Pruitt, Route #3, Joplin, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart attack</i> DUE TO (b) <i>St. H. 2nd and recent blood loss</i> DUE TO (c) <i>Auto accident 5-15-63</i> | | INTERVAL BETWEEN ONSET AND DEATH 5 min 5 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ASHA, severe fibrosis & sclerosis of lungs, - Organic mental syndrome</i> | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Auto accident - 1 car - on driving - left road & rolled.</i> | |
| 20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year 5-15-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>highway - secondary</i> | | 20f. CITY, TOWN, OR LOCATION JOPLIN | |
| 20g. COUNTY JASPER | | 20h. STATE Mo. | |
| 21. I attended the deceased from 5-15-63 to 5-20-1963 and last saw him alive on 5-20-63 Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>J. Longmeyer, M.D.</i> | | 22b. ADDRESS 2503 Jackson | |
| 22c. DATE SIGNED 5-23-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-23-1963 | 23c. NAME OF CEMETERY OR CREMATORY G. A. R. Cemetery | 23d. LOCATION (City, town, or county) (State) Miami Okla. |
| 24. FUNERAL DIRECTOR Mason Chapel, 108 Range Line, Joplin, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-23-1963 | 26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i> |

USE BLACK INK
OR
TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.